

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tadeo	CHAPTER 100.1
Address: 17-566 S. Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: February 4, 2021 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Family member (FM) #1 and FM #2 – no current tuberculosis (TB) skin test.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I SCHEDULED AN APPOINTMENT FOR SKIN TEST ON 3-8-21 AT PUBLIC HEALTH DEPARTMENT. FOR FM #1 AND FM #2. SKIN TEST READING TODAY 3-10-21. ENCLOSED IS A COPY OF CURRENT SKIN TEST</p>	3-10-2021

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Family member (FM) #1 and FM #2 – no current tuberculosis (TB) skin test.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOES NOT HAPPEN AGAIN IN THE FUTURE, I WILL MAKE SURE BEFORE AN INDIVIDUAL (PERSONNEL, STAFFING AND FAMILY MEMBERS), GOES TO THEIR ANNUAL PE. THE ATTENDING PHYSICIAN COMPLETES TB CLEARANCE WHETHER ITS A SKIN TEST OR CXR DURING THE TIME OF VISIT AND/OR SCHEDULES AN APPOINTMENT IMMEDIATELY, TO PREVENT FORGETFULNESS ON MY PART FOR MISSING DOCUMENTATION EVIDENCE OF AN ANNUAL TB CLEARANCE.</p>	2421

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – “Vitamin D2 (50,000 units) Take 1 capsule by mouth each week” not re-evaluated by a physician/APRN between 01/23/20 – 01/28/21.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 -- no financial statement signed by the resident's family.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>FINANCIAL STATEMENT WAS SIGNED BY RESIDENT #1'S GUARDIAN ON 4-19-14. FINANCIAL STATEMENT SHEET WAS NOT IN RESIDENT #1'S FOLDER AT THE TIME OF INSPECTION. LOCATED MISSING DOCUMENT ON 2-4-21 IN RESIDENT #1 OLD FOLDER. PLACED IT BACK IN RESIDENT #1'S CURRENT FOLDER.</p>	2-4-21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>, (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – no completed inventory of resident's possessions.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>COMPLETED INVENTORY OF RESIDENT'S ^{PO} #1'S POSSESSION ON 2-4-21</p>	<p>2-4-2021</p>

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Licensee's/Administrator's Signature:

Print Name:

Date:

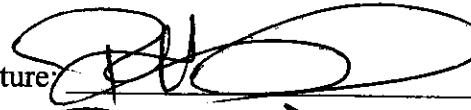

RIVALYN T. HANEY

2-19-2021

Licensee's/Administrator's Signature:

Print Name:

Date:



RICHARD T. HANLEY

3-10-21